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SUBJECT: TONGOGARA REFUGEE CAMP TRIP REPORT

Summary

¶1. Representatives from the Bureau of Population Refugees and Migration (PRM) Mary Lange and Nancy Jackson, accompanied by EmbOff, visited Tongogara refugee camp on September 29. Despite harsh economic conditions in Zimbabwe, the nearly 2,700 refugees in Tongogara camp are receiving adequate shelter, food, and water, and have access to basic health care, social services, and education. Most of the refugees in the camp have been there for years, and while many could probably return home, or at least find their way to better opportunities in Zimbabwe's neighboring countries, they remain in Tongogara, holding out for resettlement. To bolster their claims for resettlement, refugees complain about food rations and camp living; these complaints appear largely unsubstantiated. While it is unlikely the majority of the population will be resettled, there may be some vulnerable individuals, particularly among the Somali community and among the young female heads of household, who could be good candidates for third country resettlement. End Summary.

Refugee Caseload

¶2. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), there are 4,311 refugees and asylum seekers in Zimbabwe, of which 2,673 are living in the Tongogara camp located in southern Zimbabwe along the border with Mozambique. The remaining 1,638 refugees are living in urban areas, primarily in Harare. The Zimbabwean government has an encampment policy for refugees. Only those with valid reasons for remaining in urban centers, such as employment, education or medical treatment, are granted permission to live in urban centers. The majority of refugees are from the Great Lakes region. Refugees from the Democratic Republic of the Congo (DRC) are the largest single group, totaling 2,792, followed by Rwandans (651) and Burundians (597). The remaining 271 refugees are from numerous other countries, including Somalia, Ethiopia, Angola, and Uganda.

¶3. Despite Zimbabwe's deteriorating economic situation, asylum seekers from the DRC and Somala continue to arrive at the Harare Waterfalls Trnsit Center. Many wind up leaving Zimbabwe for etter economic opportunities in South Africa. Whle the Tongogara camp population has remained relatvely stable over the past five years, Zimbabwe'surban refugee population has dramatically declind as hyper-inflation, rampant unemployment, government-induced displacement as a result of Operation Restore Order, and food and fuel

shortages have made living and working in Zimbabwe increasingly difficult. (Prior to 2006, urban refugees totaled more than 8,000.) Aside from registration and issuance of an ID card, urban refugees receive no material support from UNHCR. Food rations and non-food items are distributed only to camp-based refugees.

General PRM/Embassy Observations

¶4. Tongogara camp was established in 1984 to house Mozambican refugees. At the time of the Mozambican repatriation operations in 1994, the camp was home to some 58,000 refugees. After more than 20 years of operation, the camp has more of a village character than a camp fell. There are permanent housing structures with electricity, schools, churches, a mosque, a police station, shops, a clinic, and at least two bars. The camp is fairly isolated, however, with the nearest major city (Mutare) about a two-hour drive away. The area is very dry, and heavily dependent on irrigation, which in turn is dependent upon increasingly scarce power and fuel supplies. Few prospects exist for refugee self-sufficiency in the area.

¶5. Refugees appear to be in good health. UNHCR has done an excellent job in supplying the camp in the face of the economic crisis in the country. Food rations meet or in some instances exceed minimum standards (more than 2,100 kilocalories/person/day), and the warehouse is full of both food and non-food items, many of which are nearly impossible to find in the rest of Zimbabwe. In fact, local Zimbabwean officials who accompanied us were amazed by the abundance of

such staples as sugar and maize, none of which can be found now on the local market.

¶6. Supplies must be trucked in from South Africa, and this poses a significant drain on operating funds. UNHCR has creatively managed to obtain six months worth of food rations from the World Food Program (WFP) in 2007, despite the fact that WFP does not typically provide food for refugee camp populations of less than 5,000 people. Firewood is scarce in this dry area, and UNHCR should consider including in non-food distributions some alternative sources of fuel, such as energy bricks.

¶7. Refugees report receiving their full rations, but complain that rations are insufficient. However, when we asked our Zimbabwean driver about the amount of rations an average Zimbabwean family would consume in a month, it was clear that the refugee rations exceed this average. Since the refugees have better access to food than the local population, some refugees trade or sell their food to the local community for other commodities. Refugees also supplement their monthly food rations by maintaining household gardens and livestock. Some also run small scale trading businesses with the surrounding rural areas. Children seemed well fed and energetic, and all were clothed and shoed. All the children we spoke with were enrolled in school, and camp administrators report that some 500 children are attending primary school. Due to the high number of students, the primary school operates in shifts. Sixty-nine students attend secondary school at the camp, and UNHCR sponsors another 49 students at boarding schools.

¶8. The camp clinic is clean, well organized, and well stocked with drugs, supplies and equipment. It is staffed with two nurses, two nurse elders and one general helper, although refugees complained about the lack of regular access to a medical doctor (another shortage in Zimbabwe in general). The nurses treat from 60 to 120 patients per day, 30 percent of whom are Zimbabweans from the nearby town, Chipinge. Malaria, acute respiratory infection, and skin disease are the most common illnesses, followed by diarrhea,

injuries, and sexually transmitted infections. There have been no reported cases of malnutrition in the camp.

¶9. Refugees have access to sufficient shelter, latrines, and potable water. Although part of the camp has electricity, some generators are awaiting repair and newer sections of the camp have no access to electricity. With the relocation of some urban refugees to the camp in the wake of the government's 2005 Operation Restore Order campaign (that destroyed high density housing areas in and around Harare and displaced hundreds of thousands of people), UNHCR has expanded Tongagara Camp's capacity. Twenty-five new huts have been added to the camp and new latrines have been constructed with FY06 Ambassadors Fund for Refugees support to World Vision. The primary school will also be expanded with FY07 Ambassadors' Fund support to the Inter-Regional Meeting of Bishops of Southern Africa (IMBISA).

¶10. In consultation with refugee leaders, UNHCR has formed refugee committees to discuss gender-based violence (GBV), child protection, education, and HIV/AIDS. The GBV committee is working to promote the identification and reporting of cases, but work on combating GBV should be expanded. The HIV/AIDS committee is promoting voluntary counseling and training and working to combat the stigma of the disease. Surprisingly, the camp's HIV/AIDS prevalence rate is extremely low (3 percent of those tested are positive). Those who do test positive are referred to Zimbabwean social services where they receive free anti-retroviral medication and counseling.

Durable Solutions

¶11. Most of the camp-based refugees have been living in Tongogara since the mid 1990's. Single males and young girls under 16 years of age make up the majority of the camp population. Most of this protracted caseload desires third country resettlement. Some resettlement is occurring: UNHCR Zimbabwe has resettled some 280 refugees in the past year, mostly DRC refugees to Australia, and anticipates similar figures for 2008. UNHCR's resettlement criteria include victims of torture and/or violence, women at risk, and refugees lacking another durable solution. In November, the US/Joint Voluntary Agency (JVA) in Nairobi will travel to

Tongogara to pre-screen UNHCR resettlement referrals for the US refugee resettlement program. PRM indicated that they would recommend possibly increasing resettlement opportunities for Somalis (who clearly cannot return to their country of origin) as well as many of the refugee women in the camp who could be at risk given the predominately young (and very aggressive) male refugee population.

¶12. While resettlement may be an option for some of the refugees, repatriation is possible for many other groups including the Rwandans, Burundians, Angolans, and Congolese (with the exception of those from the Kivu Provinces). However, these groups have resisted repatriation, despite intensive information campaigns, "go and see" visits and tripartite agreements, choosing to remain in Tongogara with the expectation that they will eventually be resettled to Australia, the US, Canada or the Nordic countries. Greater efforts could be made, perhaps following the JVA visit, to explain resettlement procedures to refugees and ensure that their expectations are more in line with reality.
DHANANI